

BIRTHS EXCEED DEATHS

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stationary. In 1911 it began a slow but steady increase which has continued to the present, with the exception of the influenza epidemic in 1918, which reduced the population to the lowest point, 82,000 in 1919-20. In 1936 the native population of Fiji reached 97,651.⁶³

The colonial government has been directly concerned with the Fijian population problem, and has made great efforts to prevent depopulation and bring about an increase in the numbers and health of the natives. In 1893 a commission was formed to study the problem of remedies for depopulation, and its monumental recommendations have formed the basis for modern health and medical policy in Fiji and other parts of the Pacific.⁶⁴

The death rate has fallen from over 50 per 1,000 in 1891 to the lowest point of less than 18 per 1,000 in 1933. Chiefly because of dysentery, enteric fever, and pneumonia it rose to 28 per 1,000 in 1936. Dr. S. M. Lambert, director of the Rockefeller Foundation work in Fiji, states "historically the death line shows, to my mind, what constructive medical work can do for a native people. The gradual fall in the death rate can almost be measured in terms of the expansion of medical effort."⁶⁵

⁶³ In 1936 the total population of Fiji was as follows:

	Persons	Percentages
Europeans	4,028	2.03
P.E.N.D. (Anglo-Fijians, Anglo-Polynesians, and others)	4,574	2.31
Fijians	97,651	49.22
Indians	85,002	42.85
Polynesians	3,553	1.79
Melanesians	1,616	.82
Chinese	1,751	.88
All others	204	.10
	198,379	100.00

(Colony of Fiji, Census Report, 1936, p. 4.)

⁶⁴ For recommendations of this commission see *Report of the 1893 Commission on Fijian Depopulation*.

⁶⁵ S. M. Lambert, "The Depopulation of Pacific Races," Bishop Museum Special Publication 23, Honolulu, 1934, p. 22.

744 The expansion of the European medical staff in Fiji began
874 in the late nineties, and today the Fiji medical service consists
759 of sixteen medical officers under the control of the director
of medical service. Their work in native health and sanitation
control is assisted and supplemented in the country districts
by sanitary inspectors, nurses, and by native medical practi-
tioners trained at the central medical school in Suva. The
former Fiji medical school founded in 1883 was replaced in
1928 by the central medical school which receives native
medical students from Fiji as well as various island groups
in the South Pacific. After successfully completing a four-
year course⁶⁶ the students receive diplomas as native medical
practitioners. These modern native doctors are attached to
provincial hospitals and receiving stations. They have a high
social prestige among the natives, and by interpreting modern
hygiene and medical practices to their own people they bridge
the wide gap between native custom and western science.

742 Medical work in Fiji has been greatly aided by the work
of the Rockefeller Foundation, which has contributed funds
both for the erection of hospitals and a training school and
for experimental research in the control of infectious diseases.

744 Administrative health and medical work among the natives
may be divided into three main phases: the control of in-
fectious diseases, sanitation and housing, and child welfare.

[743] The natives have developed some immunity against measles,
whooping cough, and chicken pox which, however, still raise
the infant mortality rate. Since 1911, lepers have been segre-
gated on the island of Makongai which receives patients also
from New Zealand, Samoa, Tonga, and the Cook, Gilbert
and Eilice islands. A systematic campaign against yaws,
especially during 1929-31, and hookworm, especially since
1922, control of epidemic dysentery and the treatment of
ankylostomiasis have had marked results. Today, of infectious

⁶⁶ The curriculum includes chemistry, physics, biology, anatomy, physiology, medicine, surgery, midwifery, and child care.

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diseases, dysentery, influenza, pneumonia, and tuberculosis take the highest death toll. ^{Today, of infectious} 135 744 ●
[165]

Great efforts have been made to improve the sanitation and housing in the native villages. Attention is placed especially on purification of the water supply and on soil sanitation through the installation of latrines. The village headman is responsible for the enforcement of regulations dealing with sanitation, and the building and spacing of sleeping and kitchen houses.

TABLE I. INFANT MORTALITY AMONG FIJIANS

Year	Under 1 month	1 month to 1 year	1 to 5 years	Total
1929	111	379	281	771
1930	125	500	549	1,174
1931	107	267	251	625
1932	90	236	140	466
1933	88	244	174	506
1934	99	368	290	757
1935	99	462	358	919
1936	98	424	514	1,036

(Annual Reports, Fiji.)

One of the most important native health measures is the child welfare service initiated by the government in 1927. It has spread gradually through the colony until child welfare committees consisting of native mothers have been established in nearly every Fijian village. They are instructed in child care by the child welfare worker in charge of the district.⁶⁷ The child welfare service is laying a foundation for a higher standard of infant and maternal care. The results of the work can only be seen over a considerable period of time, since they may be counteracted by epidemics such as those of whooping cough, dysentery, and measles, which have increased the infant mortality in the last few years (see Table I). 746

⁶⁷ Four trained European nurses and fourteen native nurses are engaged in this work. They are aided by district medical officers and native medical practitioners.

● 744 Having reviewed the medical and health work being done in the colony and its effect upon the native population as a whole, let us turn to the specific region of southern Lau. These islands are perhaps the most isolated in all Fiji, and as we have seen are far from the nearest native medical practitioner, nurse, or hospital. The natives, therefore, have never had constant medical attention from doctors trained in modern medicine, and depend upon their native system of therapeutics for their daily needs. However, the government's systematic campaign for the improvement of native health has had a marked effect upon the natives of southern Lau. Since epidemics of infectious diseases have a tendency to spread throughout the colony their control has naturally reduced the death rate in the southern islands. Furthermore, medical officers visit each island at least once every year or two. They have organized the women into child welfare committees and instructed them in modern methods of child care. They inspect village sanitation and housing, and instruct the natives in hygiene and the village headmen in their duties as health administrators. However, housing conditions have not kept up with the population increase in Lau. The six islands studied show an average of 4.04 persons per sleeping house in 1921 and an average of 5.10 persons per sleeping house in 1936 (see Table 2), which is less, however, than the general average of 6.31 persons per sleeping house for the natives of the whole Fiji group in 1936.⁶⁸

161 The population of the six islands studied in southern Lau has increased during the 15 year inter-census period (1921-35) at the rate of 154.99 per 1,000 (Table 2) as against 155.97 per 1,000 for Fijians in general.⁶⁹

When we study the vital statistics in detail we note a great variation in rate of increase between the six islands. For Kambara the increase rate per 1,000 is 92, for Fulanga 258,

⁶⁸ Colony of Fiji, Census Report, 1936, p. 4.

⁶⁹ *Ibid.*